Service Delivery Model Subcommittee Meeting
3/20/07 10:00 AM to 3:00 PM

ITEM	DISCUSSION	ACTION
Introductions	Attendees: Christy Torkildson, Devon Dabbs, Gay Walker, Joetta Wallace, Kim Bower, Lisa Schoyer, Liz Sumner, Lori Butterworth, Robin Kramer, Sally Sehring, Teresa Enns, Wendy Longwell, Lorry Frankel, Belva Kinstler, Christine King, Marian Dalsey, Teresa Thomas, Chester Randle, Pam Christiansen, Erin Winter. By conference call: Sally Adelus, Michael Joseph, Linda Vossler-Swan.	
Review Proposed Flow Chart	Generally captures flow of the identification of patient and referral into the system. Does not really describe how flow of how information will work after referral and initial action takes place. Title should be revised to indicate "Referral Flow" at beginning of service. Need clarification in that a Special Care Center **or** MD can refer. Therapies under NON-waiver services can include psychosocial, physical, occupational etc, all therapies available under the state plan. Waiver provider box should include the community based aspect and indicate the proposed agencies. Waiver services would require providers to be licensed or credentialed staff.	State will make changes to the proposed draft for presentation to the large group.
Presentation Points by Marian Dalsey, MD, Chief of Children's Medical Services	• Waiver services providers must be Medi-Cal providers. The logical entities will either be Home Health Agencies or Hospice Providers. Hospital providers that are licensed hospice entities, may not want to participate because of the cost neutrality issues. • Service Coordination will be built into the role of the Waiver Service Providers. • Billing must be done "fee for service". Bundled services will not provide the information we need for evaluation of cost neutrality. While troublesome for hospice providers who have not previously billed this	

	way, it will provide needed data for comparison to other children without these services. It will also allow whatever services need to be provided according to a treatment plan, regardless of cost. Cost Neutrality will be measured by comparison to a similar group of children to the enrolled children using acute hospital costs on an annual basis.	
Role of Palliative Care Coordinator based in local Home Health Agency or Hospice	Provides the initial and follow-up for home health assessment to determine plan of care with family. Discusses family goals with medical goals to achieve integration. Coordinates and drives the plan of care; i.e. communication of goals and plan of care across all healthcare providers. Assists family in understanding medical changes or updates and continuously reviews and updates goals of care. Keeps team members informed, including specialty physicians, primary care providers and agency medical staff. Attends appointments per family requests, including school, clinics and other appointments. Translates medical language to family and conversely family culture and beliefs to medical staff. Assists with identification and referral for local and state plan services i.e. can assist with arranging transportation to appointments if necessary.	
Team Members	Pediatric Care coordinator (May be RN or Social Worker) Registered Nurse Medical Doctor (can be on staff, or PCP, or Specialty Provider) *Child Life Specialist Social Worker	

	Chaplain *Activity therapist *Dietician *Other Therapies *as indicated on plan of care. May not necessarily be employees of agency, but should be available if plan of care indicates.	
Services to be provided by agency or possible contractors	• Pain and symptom management • Care coordination • 24/7 RN Call back service within 30 minutes (or reasonable) period. Ability to visit if necessary. • Family support to include all critical members, siblings, grandparents as well as parents when appropriate. • Bereavement, grief and loss, counseling and support for child and family and as needed to family after death. • Respite may be provided, institutionally, RN, LVN, or volunteer (as appropriate for child's medical condition/needs of the child) • Activity Therapies • Child Life Specialist • Spiritual Support	

	All professional services will be provided by licensed or credentialed personnel.	
Licensed Hospice or Home Health Agency Essential Qualities	• Community Based Agency • **Pediatric Expertise** consists of a minimum of ELNEC, IPPC or EPEC training. Other similar courses such as Harvard or another course of like training that is currently not available may be credited. • **Continuing Education** Must take ongoing annual training in each area: pediatrics and palliative care. Should be an incentive to develop expertise in infant care expertise as a large group of palliative care candidates are infants. **Core Competencies:** Technical/professional skills must meet basic skills standards. (Utilize Trinity Kids Care core competencies to be supplied by Gay Walker, as an example)	Gay Walker, Christy Torkildson, Robin Kramer, Lori Butterfield, and Devon Dabbs will organize recommendations into a report to the meeting of the large group advisory committee on April 10 at the Galleria. Teleconference with state staff to discuss final presentation content on April 9th and 9:00am.